

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO. **597913860**

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		2		1		
3						
4	1		1			
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6				1		
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TOTAL D.			2			
TOTAL P.			10			
TOTAL AIMS			12			

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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